

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09-486908 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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6	/		2/3			
7	2		2/3			
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TOTAL IND.			43			
TOTAL DEP.	7		62			
TOTAL CLAIMS	8		15			

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IND.	DEP.	IND.	DEP.
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